

KODA LAW OFFICE
P.O. Box 10057
Bainbridge Island, WA 98110



In re application of Kim et al.

Serial No. 09/519,695

Filed: March 7, 2000

Group Art Unit: 2183

For: Method and apparatus for Compressing VLIW Instruction and Sharing Subinstructions

COMMISSIONER FOR PATENTS
Washington, D.C. 20231

Sir:

Transmitted herewith is an "Amendment" for the above-identified application.

[] Enclosed is a petition to extend the time to respond.

[] Small entity status under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.

[] A verified statement to establish small entity status under 37 CFR 1.9 and 37 CFR 1.27 is enclosed.

[X] Substitute page 16 of specification; Substitute declaration

[X] Petition to extend time to respond

The filing fee has been calculated as shown below:

| | (Col. 1) | | (Col. 2) | | (Col. 3) |
|-------|---------------------------|------|--------------------|--|--------------|
| Total | Claims After Amendment | | No. Paid Before | | No. Extra |
| Indep | * -15- | Less | ** 21 | | -0- |

[] First Time Mult. Dep. Claims

| SMALL ENTITY | Other than a SMALL ENTITY |
|--------------|------------------------------|
| Rate | Add. Fee |
| x 09 | \$ -- |
| x 42 | \$ -- |
| + 140 | \$ -- |
| Total | \$ -- |

| Other than a SMALL ENTITY | |
|------------------------------|-----------|
| Rate | |
| Add. Fee | |
| x 18 | \$ --- |
| x 84 | \$ -- |
| + 280 | \$ --- |
| Extension | \$ 110.00 |
| Total | \$ 110.00 |

* If the difference in Col. 1 is less than zero,

enter "0" in Col. 2.

Please charge my Deposit Account No. 11-1420 as follows:

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Number Paid Before" IN THIS SPACE is less than 20, write "20" IN THIS SPACE.

*** If the "Number Paid Before" IN THIS SPACE is less than 3, write "3" in this space.

The "Number Paid Before" (Total or Independent Claims) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

[] No fee is due.

[X] Please charge my Deposit Account No. 11-1420 as follows:

| | |
|---|------------------|
| [] Claims fee | \$ |
| [X] Extension Fee | <u>\$ 110.00</u> |
| [X] Any additional fees associated with this paper. | |

[] A check for --- is enclosed

-2- copies of this sheet are enclosed.

Respectfully Submitted,
KODA LAW OFFICE



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